



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

Division of Mental Health and Addiction

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Anne Waltermann Murphy, Secretary

April 22, 2009

To: Indiana ATR Providers and Provider Applicants

From: Eric L. Scott, Program Manager
Indiana Access to Recovery

RE: Memo 019-changes to client eligibility Criteria April 2009

I am pleased to announce that as of this writing, 5387 Hoosiers had received service through Indiana Access to Recovery (ATR). In response to all the success that Indiana ATR has experienced we are updating the Client Consent to Participate (INATR-002) form.

Specifically we are updating the target populations. In order to qualify for the ATR program an individual must meet all of the basic qualifications. In addition to the basic qualifications individuals will have to be part of one of the four target populations.

- Women that are pregnant or that have dependent children.
- individuals that are going to be released from the criminal justice system in the next six months
- Individuals who have been released in the past 45 days.
- Individuals that have used methamphetamine in the past 90 days.

This update will take effect May 1, 2009 and the attached client consent to participate dated April 22, 2009 should be used for all new clients from the specified date.

Thank You,

Eric L. Scott
Program Manager
Indiana Access to Recovery
Indiana Division of Mental Health and Addiction





Indiana Access to Recovery (ATR) – Client Consent to Participate

INATR – 002 – 4/22/2009

- 1- ATR Client Name: _____ Social Security # _____ - _____ - _____ Date: ____/____/____
- 2- Have you ever received ATR services anywhere in the state of Indiana? ☐ Yes ☐ No
- 3- Are you chemically dependent or addicted to alcohol or another drug? ☐ Yes ☐ No
- 4- Are you legally a minor or juvenile? ☐ Yes ☐ No
- 5- When you are not in treatment, where do you live? _____
- 6- What county is that in? _____
- 7- How many family members live in your household? _____
- 8- What is your annual household income? _____
- 9- Have you used Methamphetamine in the last 90 days? ☐ Yes ☐ No
- 10- Have you been released from prison, jail, or another correctional facility in the last 45 days? ☐ Yes ☐ No
- 11- Will you be released from prison, jail, or another correctional facility in the next 6 months? ☐ Yes ☐ No
- 12- (If client is a woman) Are you pregnant, or do you have dependant children? ☐ Yes ☐ No
- 13- Are you entering this program because you want to actively participate in recovery? ☐ Yes ☐ No
- 14- Did anyone tell you that you had to enter the ATR program? ☐ Yes ☐ No
- 15- Do you want to actively work to recover from substance abuse or addiction? ☐ Yes ☐ No

Under penalty of perjury, I affirm that the information in this "Client Consent to Participate" form is correct.

Client Signature

____/____/____
Date

I recognize that I am responsible for my recovery and I will do everything in my power to recover from my substance abuse or addiction, and will do everything in my power to assist those individuals that agree to help me as I recover from my substance abuse or addiction.

Client Signature

____/____/____
Date

Screening Criteria for INATR - 002

Question Number 2- If answer is yes Please call state office prior to completing the intake.
Answer has no bearing on eligibility.

Question Number 3- Answer must be yes for client to qualify for Indiana Access to Recovery.

Question Number 4- Answer must be no for client to qualify for Indiana Access to Recovery.

Question Number 5- Client must provide a valid address that is not a treatment facility or correctional facility.

Question Number 6- Answer must be among following for client to qualify for Indiana Access to Recovery:
Vanderburgh, Vigo, Marion, Lake, St. Joseph, Elkhart, Allen.

Question Number 7- Answer should be used to identify the proper column in the following chart:

Number of persons in ATR applicant's family or household	1	2	3	4	5
Allowed income level (up to 200% of FPL)	\$20,400	\$27,360	\$34,320	\$41,280	\$48,240

Question Number 8- Answer must be less than in the above chart for client to qualify for Indiana Access to Recovery.

Question Numbers 9 through 12- At least one answer must be yes for client to qualify for Indiana Access to Recovery.

Question Number 13- Answer must be yes for client to qualify for Indiana Access to Recovery.

Question Number 14- Answer must be no for client to qualify for Indiana Access to Recovery. If answered yes, please seek clarification to verify that the client was indeed mandated into the program.

Question Number 15- Answer must be yes for client to qualify for Indiana Access to Recovery.

Client must sign both affirmations to be eligible to participate in Indiana Access to Recovery.